

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/21/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155745		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/29/2011	
NAME OF PROVIDER OR SUPPLIER  HOLY CROSS VILLAGE AT NOTRE DAME INC				STREET ADDRESS, CITY, STATE, ZIP CODE 54515 STATE ROAD 933 NORTH NOTRE DAME, IN46556			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 27, 28 and 29, 2011</p> <p>Facility number: 002668 Provider number: 155745 AIM number: 200325990</p> <p>Survey team: Sandra Haws, RN TC Vicki Manuwal, RN Bobbi Costigan, RN</p> <p>Census bed type: SNF: 12 NF: 19 SNF/NF: 2 Residential: 41 NCC: 9 Total: 83</p> <p>Census payor type: Medicare: 6 Medicaid: 12 Other: 65 Total: 83</p> <p>Sample: 10 Residential sample: 8 NCC sample: 1</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0425 SS=E	<p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/1/11 by Jennie Bartelt, RN.</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on observation, record review, and interview, the facility failed to have medications properly labeled and failed to dispose of expired medications in a timely manner according to their policies for 2 of 3 medication carts. This deficient practice had the potential to affect 8 of 32 residents at the facility. (Residents: #6,</p>			F0425	<p>Holy Cross Village at Notre Dame Inc.,(the "Provider") submits this plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in</p>		07/22/2011

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	#13, #14, #15 #17, #18, #19, and #39)  During observation of the medication carts, the following was observed:  Murphy Hall Medication Cart was observed on 6/28/11 at 3:45 p.m., accompanied by RN # 3:  1. Resident #6: One bottle of Lantus insulin (diabetic medication), fill date 5/16/11, open date 5/17/11, no discard date noted.  2. Resident #13: One bottle of OTC (over the counter) acetaminophen (pain reliever) with no label displaying resident name, date opened, room number, discard date, or doctor name.  One unlabeled bottle of OTC children's liquid Tylenol belonging to unknown resident.  3. Resident #14: 27 tablets of Guaifenesin (cough suppressant) 200 mg (milligrams), discard date of 4/11.  4. Resident #15: One bottle of Lantus insulin, dispense date 4/25/11, open date 4/26/11, no discard date noted. 19 Mapap Regular strength (pain medication) 325 mg, discard date 5/15/11.				any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services, ("CMS"), the state of Indiana or any other entity ;or (2) serve, in anyway, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis. Please accept this plan of correction as our credible allegation of compliance for the Health Survey conducted by the Indiana State Department of Health of 6-29-2011. We respectfully ask for a desk review and opportunity for paper compliance. 1. Corrective Action Resident #6 Lantus Insulin was discarded. Resident #13 OTC Tylenol was discarded. Unlabeled bottle of Children's Tylenol was		

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	<p>5. Resident #17: 4 acetaminophen 325 mg, discard date 4/11.</p> <p>Quinn Hall Medication Cart was observed on 6/28/11 at 4:15 P.M., accompanied by LPN # 4:</p> <p>6. Resident #18: One Advair 250/50 Diskus, dispense date 5/23/11, no open date, no discard date.</p> <p>7. Resident #19: One Advair 250/50 Diskus (for asthma/COPD), dispense date 5/6/11, no open date, no discard date.</p> <p>8. Resident #39: One bottle of Lantus insulin, dispense date 5/23/11, open date 5/25/11, no discard date.</p> <p>During interview on 6/28/11 at 4:00 p.m., RN #3 indicated that once insulin is opened, it is good for 28 days.</p> <p>During interview on 6/28/11 at 4:20 p.m., LPN #4 indicated that all medications should have open dates written on or there are also stickers available to place on the medications to write on the dates.</p> <p>The following policies and procedures were provided on 6/28/11 at 5:00 p.m. by the Director of Nursing. Review of the policies indicated:</p>				<p>discardedResident #14 Guaifenesin was discarded.Resident #15 Lantus Insulin was discarded, Mapap was discarded.Resident #17 Acetaminophen was discarded.Resident #18 Advair was discarded.Resident #19 Advair was discarded.Resident #39 Lantus Insulin was discarded.2. Identify Potential ResidentsAll medication storage areas were inspected on 6-28-2011 to ensure that none contained expired medications, unlabeled medications, or medications that did not have date opened indicated. 3. Measures/Systemic ChangesAll Licensed nursing staff received inservice education regarding facility medication policies for medication storage and labeling by 7-13-2011.Night shift staff have been assigned task of auditing the medication and treatment carts weekly effective 7-14-2011. Noncompliance findings will be corrected and reported to the attention of the DON for appropriate follow up with respective staff members and/or pharmacy as needed.4. Corrective Actions MonitoredThe DON or designee will audit medication storage areas weekly for 3 months and then monthly for 3 months. Corrections will be made as needed and staff will be counseled as needed. Results of the audit will be reviewed by the QA committee on a quarterly</p>		

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	<p>A "(Name) Pharmacy" sheet titled "Recommended Minimum Medication Storage Parameters" received on 6/28/11 at 5:00 p.m., from DON, indicated, "...Insulin Products...All vials should be dated when opened and discarded 28 days after opening...."</p> <p>Facility document titled "Recommended Minimum Storage Parameters," indicated, "...Advair Discus (sic)...expires one month after removal from foil pouch...."</p> <p>A facility policy titled, "Packaging and Labeling," dated, revised 11/03/06, indicated, "...Labeling of prescription drugs shall include...Date of issue and expiration date...Over the counter medications must be identified with the following: A. Resident's full name B. Physician's name C. Expiration date D. Name of drug E. Strength of drug...."</p> <p>A facility policy titled, "Expiration Dates and Compromised Medication," dated, revised 5/9/06, , "...Expiration dates 1. When dispensed in the manufacturer's original container, the expiration date is marked by the manufacturer and shall be observed. If an expiration date cannot be found, it shall be one year from the date of dispensing. 2. When medication has been repackaged into vials, bottles, or blister pack cards, the expiration date will the</p>				<p>basis. A representative from the pharmacy will continue to audit medication storage areas bimonthly ongoing.</p>		

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	manufacturer's expiration date at the time of dispensing or one year, whichever is less. 3. With some multi-dose containers it is important to complete the "Date Opened" sticker. The expiration date is then dependent on this date. See the expiration guide for manufacturer recommendation...."  3.1-25(j) 3.1-25(k)						